

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(RA-133, formerly RD-036)

In the Application of:

SIDIROPOULOS et al.

Serial No: 09/372,879

Filed: August 12, 1999

Title: Integrated Circuit Having I/O Structures
with Reduced Input Loss



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) Group Art Unit: 2814
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) Examiner: TRAN, T.V.
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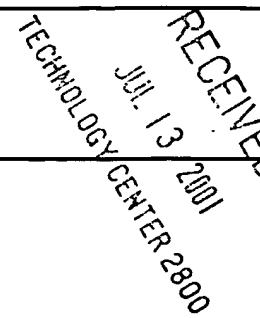
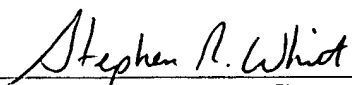
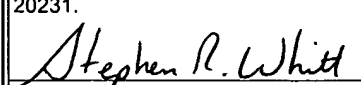
Assistant Commissioner for Patents
Washington, DC 20231

AMENDMENT & RESPONSE

This is a Response to the Office Action dated May 2, 2001.

Please find below three (3) sections, including: Section I comprising a clean version of each replacement paragraph or section, and a clean copy of the pending claims; Section II comprising my remarks: and, Section III comprising a mark-up version showing the changes.

Also submitted herewith is a Proposed Drawing Amendment For Approval By Examiner.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RA-133	
Applicant(s):					
Serial No. 09/372,879	Filing Date August 12, 1999	Examiner Tran, T.		Group Art Unit 2814	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;">  </div> <div style="text-align: center;"> Invention: Integrated Circuit Device Having I/O Structures with Reduced Input Loss </div> <div style="text-align: right;">  </div> </div>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	28 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0763 A duplicate copy of this sheet is enclosed. <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> </div> </div>					
 <div style="text-align: center; font-size: small;">Signature</div>			Dated: July 11, 2001		
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> I certify that this document and fee is being deposited on JUL 11, 2001 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> Stephen R. Whitt <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div> </div>					
CC:					